UNIVERSITY of MARYLAND
MEDICAL CENTER

Dear **Donor,**

Thank you for considering The Gift of Life!!!

Please fill out the Donor Questionnaire completely and FAX or MAIL it back to the Transplant Office at the Fax number/Address below.

- Please read the attached Education Information for Living Kidney Donors and keep it for your records.
- If you wish to proceed, please read and sign the Donor Consent Form that is attached.
- Please return the Donor Consent Form along with the Questionnaire .
- You can **FAX** to **410-328-0532**
- Or **MAIL** to:
  UMMC Living Donor Program
  29 S. Greene St. Suite 200.
  Baltimore, MD 21201

- Your completed Questionnaire will be reviewed by the RN Donor Coordinator
- Per protocol, if deemed appropriate, orders for blood draw will be coordinated by the Phlebotomist.

Living Donor Transplant Office Numbers:

Main Transplant Office Reception: **410-328-5408**
Toll Free Number: **1-800-492-5538 ext. 5408**

Please feel free to contact one of our Living Donor Coordinators if there are any questions or concerns at 410-328-5408.

UNIVERSITY of MARYLAND
MEDICAL CENTER

Educational Information for Living Kidney Donor
University of Maryland
Division of Transplantation
UMMC Transplant Center

This information is being provided to you because you may be interested in donating a kidney to an individual who has kidney failure. The material is intended to educate you about the risks and benefits of kidney donation, so you are able to make an informed decision about donation. After you have read this material, please ask any of our doctors, nurses, or indepandent living donor advocate (IDA) to answer questions you may have. After reading and understanding the information, please sign the acknowledgment at the end of the document if you would like to be a kidney donor.

Benefits to the Kidney Recipient

Donating a kidney is truly a "gift of life." In most cases, the kidney transplant is successful, and the recipient gets the chance of living a life as close to normal as possible. The vast majority of recipients have a better, longer life because of the donor's generous gift. The medical literature has documented the following benefits to most kidney recipients who receive a kidney from a live donor:

- **Longer Life.** The average life expectancy of patients with a functioning kidney transplant is longer than the life expectancy of similar patients who stay on dialysis.
- **Better life**. In most cases, the patient's quality of life is better with a functioning kidney transplant than staying on dialysis.
- **Shorter wait for a transplant**. It usually takes several years to get a deceased donor kidney transplant. The waiting time for persons with a live kidney donor is usually much shorter.
- **Lower rate of delayed graft function**. Deceased donor kidneys often do not work right away after the transplant. This is called "delayed graft function", when the recipient must still get dialysis treatments until the transplanted kidney starts to work. This can last for several weeks. When the kidneys have delayed graft function, the recipient usually stays in the hospital longer. These kidneys also do not last as long, and are more prone to getting rejected than kidneys that function immediately. Most live donor kidneys work right away and do not have delayed graft function.
- **Lower risk of rejection.** Kidneys from live donors have lower rates of rejection than those from deceased donors.
- **Kidneys last longer**. Kidneys from live donors are expected to last years longer than kidneys from deceased donors.
- **Kidneys work better**. Kidneys from live donors generally function better, and are less prone to complications than kidneys from deceased donors.

All these reasons combined translate into a lower risk transplant for the recipient.

Alternative Treatments to the Live Donor Kidney Donation

The recipient may remain on dialysis or receive a kidney from a deceased donor.

Benefits to the Kidney Donor

While there is no health or financial benefit to donating a kidney, most donors experience a psychological benefit. They have the personal satisfaction of knowing that they helped a loved one in need. The majority of donors studied over the years have reported that they were satisfied with their decision to donate, and some have even reported an increase in self esteem.

Ethical Principals of Donation

- **Donor Protection** Protection of the donor is our primary concern. No amount of possible benefit to the kidney recipient from kidney transplantation is a good reason to place the kidney donor at significant risk.

- **Donor Motivation** The donor should be giving the kidney purely because of a desire to help the recipient. There can be no exchange of money, or other goods and services, in return for the kidney donation. It is federal crime and it is unlawful for any person to knowingly acquire, receive, or otherwise transfer any human organ for the valuable consideration for use in human transplantation.

- **Confidentiality** UMMC will take all reasonable and routine precautions to provide confidentiality for the donor and recipient throughout the entire process of evaluation, surgery, and post operative care.

Acceptance Criteria

- **Relationship between the Donor and Recipient**. The results of transplantation are the same regardless of whether the donor is related to the recipient.

- **Blood Type Compatibility**. The blood type of the donor must be compatible with the recipient. The most common reason for denying a donor the opportunity to donate is because of an incompatible blood type. In some circumstances blood type incompatibility may be overcome. Donor/Recipient pairs may also consider Paired Kidney Exchange.

- **Tissue Type Matching Between the Donor and Recipient**. People frequently ask, "What's the match" between the kidney donor and the recipient. In the early days of transplantation, the tissue type matching was an important factor in the outcome. In recent years, as the drugs to prevent rejection have improved, the match has become much less important. An exception is when the donor and recipient are a "perfect match". If the recipient's brother or sister is the donor, then there is a 25% chance that their tissue types are a perfect match. When a perfect match sibling donates the kidney, there is a better chance that the kidney will last a long time, and have fewer complications. So, if there are several possible donors, it may be preferable to have the perfect match brother or sister donate. Blood tests are used to determine the tissue types of donors and recipients.

- **Crossmatch Between the Donor and Recipient**. A crossmatch is a standard test completed before kidney transplantation where the blood of the donor is mixed with the blood of the recipient. If there is a bad reaction (called a "positive crossmatch") then the transplant is not done. A positive crossmatch means that the recipient has antibodies in the blood that could attack the kidney and damage or destroy it. Usually a crossmatch is done when a person first volunteers to be a donor. After the donor testing is completed, the crossmatch is repeated right before the transplant ("final crossmatch") to make sure the result is still negative.

- **Kidney Function of the Donor** The donor's kidney function must be normal at the time of donation. Kidney function is measured as part of the routine donor evaluation by blood tests, urine tests, or special scans. A person with abnormally low kidney function cannot donate. The donor also cannot have an illness, like diabetes, that might cause kidney damage later in life. Well-controlled high blood pressure is a conditional diagnosis that may or may not rule a person out for donation.

- **Donor Age**. Donors must be 18 years of age or older. While it is unusual for donors to be older than age 70, exceptions have been made in cases where the risks to the donor are sufficiently low.

- **Psychological Status of the Donor.** The donor must be mentally stable, competent and emotionally mature in order to understand the risks and benefits of kidney donation.

- **Donor Health**. The donor cannot have any serious medical problem that would increase the risk of undergoing the operation to remove the kidney. Heart disease is the most common medical problem that may cause an increased risk of an adverse effect from undergoing general anesthesia.

Possible Risks and Complications of Kidney Donation

- **Life Style**. Some time must be set aside to become a kidney donor. Time is required to undergo the testing before donation, to stay in the hospital for the kidney donation itself, and to attend post-donation follow-up visits.

- **Discomfort**. Scars, pain, fatigue, and other consequences are typical of any surgical procedure, including kidney donation. There is some discomfort associated with the intravenous lines and urinary bladder catheter that are necessary after surgery. While the blood tests will be kept to a minimum, and pain medication will be available, it may not possible to eliminate all the pain and discomfort resulting from these procedures.

- **Complications after Surgery.** Major complications from the kidney removal operation are unusual, but they can still occur. They include, in order of frequency:

    - **Wound Problems**. There is a small chance of having a wound problem after the donation surgery (less than 5%). The incidence is greater in heavier people. The problems could include an infection or a hernia. An infection typically would be treated by opening the wound and letting it heal from within. A hernia would be repaired by surgery.

    - **Temporary Dysfunction of the Bowels**. Sometimes the bowels do not function normally for several days after kidney donation. This might result in bloating, nausea, and vomiting, which could require a tube be temporarily placed through the nose into the stomach untilthe bowels resume normal function.

    - **Psychological adjustment.** Donors sometimes experience minor feelings of depression and/or anxiety after donation. This is more likely if the transplant is not successful or if the donor and/or recipient have complications. Feelings of emotional bereavement could occur if the recipient experiences recurrent disease, or in the event the recipient dies. Problems with body image may occur after any surgical procedure.

    - **Difficulty Urinating**. Sometimes the donor has temporary difficulties urinating after the donation surgery. This is a side effect of pain medications. It might require placement of a catheter into the bladder.

    - **Lymphocele.** In some cases, lymph fluid can build around the kidney. This can be drained by an interventional radiologist, but most likely it will require a laparoscopic (minimally invasive) procedure to permanently resolve it.

- **Bleeding**. Removal of the kidney requires separation of the kidney from its blood supply. It is possible to have bleeding from the blood vessels connected to the kidney either during the operation or afterward. Bleeding could require blood transfusions or another operation, and can be life-threatening in rare cases. Although rare, blood transfusions can contain bacteria or viruses including but not limited to, HIV, Hepatitis C and Hepatitis B.

- **Bowel Obstruction**. Adhesions are a kind of scar tissue that forms around the intestines after any kind of surgery on the abdomen, including kidney donation. Adhesions can form anywhere from days to years after surgery. If the adhesions cause a kink in the bowels, then a blockage can occur. This condition usually results in vomiting, abdominal pain, and inability to move the bowels. A bowel obstruction due to adhesions usually requires surgery to resolve it.

- **Kidney Failure** Although rare, kidney failure requiring dialysis or transplantation may occur.

- **Death**. Death from kidney donation, while possible, is exceeding rare.

- **Long-Term Risks** It is currently believed that there is little long-term medical risk associated with kidney donation. Morbidity and mortality of the potential donor can be impacted by obesity, high blood pressure, or other donor specific medical conditions.

  - **High Blood Pressure** There are several studies that have measured blood pressure in kidney donors 10 to 30 years after donation. Most of these studies indicate that the risk of developing high blood pressure is about the same for kidney donors as it is for persons who do not donate a kidney.

  - **Chronic Kidney Disease (CKD)** Chronic Kidney disease generally develops in midlfe (40-50yrs of age). End stage renal disease usually develops after age 60. Our medical evaluation of a young donor cannot predict lifetime risk. Donors may be at higher risk for CKD if they injure their remaining kidney. Kidney failure may be more rapid with one kidney.

  - **Kidney Failure** Available information indicates that the risk of developing kidney disease and or failure after donating a kidney is well within, or lower than, the risk expected in the general population with the same demographic profile. Therefore, it does not appear that kidney donation leads to an increased chance of kidney failure in the donor. On average, donors will lose 25-35% of their renal function with removal of one of their two kidneys. Even if our pre-donation medical evaluation of the donor does not reveal any health problems, it is still possible that a donor could develop disorders that could cause kidney failure. Some of these disorders run in families and include diabetes, polycystic kidney disease, Alport's syndrome, IgA nephropathy, hemolytic uremic syndrome, SLE and cystmosis. If no sign of the disease is found in the donor at the time of donation, the chances of developing kidney failure from these diseases after donation is believed to be small. Current practice prioritizes prior living kidney donors, to become kidney transplant candidates.

  - **Financial** Medicare and many other insurance companies cover the medical expenses related to kidney donation. Therefore, the donor should theoretically incur little or no cost because of donating. Also, surveys of donors have shown that the majority of donors incur no financial hardship from donating. However, it is still possible to incur unreimbursed personal expenses, mainly because of lost work time and income,child care, housing/ travel expenses. There is also a chance that medical problems will be discovered during the donor evaluation. Treatments for these problems are not reimbursed as part of the pre-donation medical workup and would have to be paid out of your own funds or through your own health insurance. Also, be aware that kidney donation may be considered by some insurance companies as a "pre-existing" medical condition, which may affect your health care coverage eligibility. Please check with your health care insurance carrier

regarding the impact of donation on your present or future insurance coverage. Individuals without health insurance at the time of evaluation may be at risk of being denied future insurance if a medical problem is revealed during the evaluation since it may be considered a pre-existing condition. We encourage all donors to have health insurance so that routine annual physicals recommended for all donors will be covered. Liffelong follow up will be at the donor's expense. Any surgical complications directly related to the donor procedure will be covered by your recipient's insurance or your recipient if your recipient's insurance does not carry a donor benefit. We will not provide primary care/ general health care after surgery.

- **Other Risks**

  - **Risks to the Transplanted Kidney.** Giving a kidney to someone is to give that person a life without the need for dialysis. While this goal is achieved in most cases, the donor should understand that it is possible that this may not occur. For example:

  - **The Kidney May Not Work For A Very Long Time After Transplantation**. The results of live donor kidney transplantation are generally very good. About 93% of patients who get a kidney transplant from a live donor are still off dialysis one year after the transplant. However, the donor should understand that a small percentage of patients never get off dialysis, or get off dialysis for only a short period of time. The most likely causes of the failure of a live donor kidney transplant within the first year after transplant are:

    - Thrombosis. Blood flow to the kidney can be lost shortly after it is transplanted. This is usually due to kinking of the kidney blood vessels, or an abnormality of the recipient's blood clotting system. If the kidney thromboses, it must be removed and discarded. The chance of this happening is less than 5%.

    - Recurrent Disease. Some diseases that cause kidney failure can affect the transplanted kidney. Most of these diseases do not cause the kidney to fail within a short period of time, but some can. The diseases most likely to cause the transplanted kidney to fail within a short period of time are called focal segmental glomerulosclerosis (FSGS) and oxalosis. If the recipient has one of these diseases, then the risk of the disease affecting the transplanted kidney are higher than usual.

    - Polyoma virus infection. Most people have a virus called "polyoma virus" or "BK virus" in their body, and it causes no problem. However, it can grow in the transplanted kidney and damage it. Less than 5% of live donor kidneys are damaged by polyoma virus. However, in cases where the virus damages the kidney, it can be very difficult to treat. It often leads to the formation of scar tissue in the kidney and then kidney failure in a short period of time.

  - **All Transplanted Kidneys Fail At Some Point** The donor should not expect that a transplanted kidney will keep the recipient off dialysis permanently. A live donor kidney will usually keep the recipient off dialysis between 10 and 20 years. However, certain health problems could shorten this time for some patients. When the live donor kidney fails, the recipient must go on dialysis or receive another transplant.

  - **Recipient May Not Live Long After Transplantation** People who need a kidney transplant often have serious medical illnesses that can shorten their lifespan. These illnesses might include cardiovascular disease and diabetes. It is true that the life expectancy after a kidney transplant is higher than it is for patients on dialysis. However, the donor should realize that patients with kidney failure and other serious medical illnesses have life expectancies that are shorter than average, even with a functioning transplant.

Tests Needed To Determine If A Person Can Donate A Kidney:

- **Serious Medical Conditions** There are inherent risks associated with the donor evaluation including discovery of serious medical conditions, adverse genetic findings, and certain abnormalities that may require further testing or create the need for unexpected decisions by the transplant team.

- **History and Physical**

  - Initial Screening. A questionnaire is used early in the testing process to make sure there are no obvious medical or psychological reasons that would prevent a person from donating a kidney.

  - Formal exam by a nephrologist or internist. A complete and thorough medical history and physical exam is done. This is to ensure that the donor is in excellent health, which is one of the requirements for beoming a donor.

- **Blood Tests**. Many of the following blood tests are performed using blood that is drawn at one time in order to reduce the discomfort to the donor. However, multiple tubes of blood are needed to perform all the necessary tests.

  - Blood Type. The donor's blood type is checked twice to make sure it is compatible with the blood type of the recipient.

  - Crossmatch. The donor's blood is mixed with the recipient's blood in a test called a crossmatch. This check is to make sure that the recipient's blood does not contain antibodies that could attack the kidney after the transplant. This test is performed at least twice.

  - Chemistries. A battery of standard tests, called "chemistries," is done to look for unsuspected medical conditions in the donor (such as kidney disease, liver disease or diabetes). This test is completed at least twice before the transplant occurs.

  - Serologies. Blood tests called "serologies" are done to look for past and present infections (such as hepatitis and HIV infection). Some infections in the donor might require treatment before donation may occur, while other infections could prevent kidney donation altogether.

  - Glucose Tolerance Test. A glucose tolerance test is ordered if the donor has a family history of diabetes, or if the doctor thinks the donor is at risk of developing diabetes. In this test, blood sugar is measured over a period of two hours after the donor drinks a sweet drink. This test can detect the early stages of diabetes.

- **X-Rays**

  - Chest x-ray All donors will have a chest x-ray to make sure their lungs are clear.

  - CTA Scan of the Kidneys. A special kind of CT scan utilizing contrast material will be performed to evaluate the donor's kidneys. This scan is done to make sure that kidneys apprear normal, and to evaluate any unusual blood vessels or other structures that would require special attention during the donation surgery. Pleae inform the radiology staff of any allergies you have. If you've never received contrast, you may experience an allergic reaction to the contrast material.

- **Psychosocial Evaluation** All donors will have a psychosocial evaluation as part of their workup. If the donor is not a close relative of the recipient and/or if psychosocial concerns arise, a donor may be required to have a psychiatric evaluation as well.

- **Other Tests** Women of child-bearing age have at least two pregnancy tests. Additionally, if there is a possibility that the donor may have heart disease, then special testing may be required (such as an exercise stress test or cardiac catheterization). Donors over age 50 get special heart tests. Typical health care maintenance testing should be completed by the donor's primary care doctor and paid for by his/her own insurance (i.e., annual pap smear, mammogram, colonoscopy, etc.)

- **Public Health Regulations** UMMC will adhere to to local, state and federal regulations regarding the notification of reportable infections obtained during the evaluation.

National Transplant Center Specific Outcomes

For additional information, we encourage you to consult with the public data available at www.srtr.org.

Right To Withdraw

You have the right to withdraw your participation as a donor at any time during the process. You should not feel pressured or obligated to undergo such a serious procedure and should discuss any concerns with your donor team so they can further assist you. If you wish, the donor team can inform the recipient that you are no longer a donor candidate. None of your health information will be shared with the potential recipient.

Independent Living Donor Advocate (ILDA)

UMMC provides an ILDA to all potential donors to assist throughout the entire donation process.
The ILDA is available to represent the donors in the multidisciplinary team.

Concerns and Grievances

The United Network for Organ Sharing (UNOS) provides a toll-free patient services line to help transplant candidates, living donors, recipients, and family members understand organ allocation practices and transplantation data. The toll-free services line number is 1-888-894-6361. You may also call this number to discuss a problem you may be experiencing with your transplant center or the transplantation system in general.

Notification of Medicare Outcome Requirements By Centers for Medicare and Medicaid Services (CMS)

The Centers for Medicare and Medicaid Services (CMS) require transplant centers to meet specific outcome requirements. A transplant center is required to notify you if it does not meet those requirements. Currently, the UMMC Transplant Center meets all of the requirements as a transplant center under CMS (Medicare).

Transplantation by a Transplant Center Not Approved by CMS (Medicare)

If you donate your kidney to a recipient having a transplant at a facility that is not approved by CMS (Medicare) for transplantation, the recipient's ability to have immunosuppressive drugs paid for under Medicare Part B could be affected.

Post Donation Follow-up

It will be your responsibility to have regular follow-up visits with your primary care physician or the UMMC Living Donor Program at following intervals (at minimal): 6 months , 1 year, and 2 years following donation. This post donation kidney health information will be submitted to the United Network for Organ Sharing. Any infectious process or cancer found in the donor during these 2 years will be reported after the donor has been informed. This may include the notigication of the recipient transplant center, OPTN, and or local, state, or federal health authorities.

STATE GRIEVANCE ORGANIZATIONS

The following agencies are also available to you. If you file a grievance with either agency, you may contact them during any phase of the Grievance Process.

Maryland Office of Health Care Quality
Bland Bryant Building
Spring Grove Building
55 Wade Avenue
Catonsville, MD 21228
1-800-492-6005 or 410-402-8040

The United Network for Organ Sharing provides a toll-free patient services line to help transplant candidates, recipients, and family members understand organ allocation practices and transplantation data. The toll-free patient services line number is 1-888-894-6361. You may also call this number to discuss a problem you may be experiencing with your transplant center or the transplantation system in general.

UNIVERSITY of MARYLAND
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Donor Consent

I, _____ (donor name) am interested in donating a kidney to _____ (recipient name). I acknowledge that:

1. I have received educational materials (written and verbal) about the donor evaluation process, risks of living donation, surgical procedures and post-operative treatment required for living kidney donors.

2. I understand that there are alternative treatments available for my recipient other than a living kidney donor transplant.

3. I authorize the UMMC Transplant Center to complete medical and psychosocial evaluations to determine if I am able to safely donate a kidney. I understand the psychosocial evaluation is used strictly to determine donor candidacy.

4. I understand that the UMMC Transplant Center has the sole discretion to determine whether or not I may serve as a donor based on any medical or psychosocial concerns that may come to light during my evaluation.

5. I understand that a decision about my donor candidacy is made by a multidisciplinary committee that is not obligated to provide specific reasons if the committee determines that I am not a suitable candidate.
6. I understand that information about my evaluation and all communications are held in strict confidence between the UMMC Transplant Center and me and will not be disclosed to the recipient without my permission.

7. I understand that the possibility of future health problems related to the donation may not be covered by my insurance and that my ability to obtain health, disability and life insurance may be affected.

8. I understand the potential risks of the procedure including medical, psychological, and financial.

9. I understand that while research suggests that kidney donation will not affect long-term health of a suitable living donor, long-term data on this point is limited.

10. I understand that if I proceed with donation, it is my responsibility to have regular follow-up visits with my primary care physician or the UMMC Living Donor Program at the following intervals (at a minimum): six months, one year, and two years following donation. I also understand post-donation kidney health information will be submitted to the United Network for Organ Sharing.

11. In addition to the outcomes data for the UMMC Transplant Center, I understand that I am entitled to national outcomes data for deceased donor recipients as well as recipients of living donation..

12. I understand that I have the right to opt out of my decision to be a donor at any time during the donation process by contacting a member of the living donor team. This decision would be protected and confidential.

13. I attest that I am voluntarily entering into this decision to donate a kidney free from coercion or financial incentive. I understand that the sale or purchase of human organs is a federal crime and it is unlawful for any person to knowingly acquire, receive, or otherwise transfer any human organ for valuable consideration for use in human transplantation.

14. I understand that I have the right to file a grievance with the State Grievance Organization and/or the United Network for Organ Sharing and have received documentation with contact information for these organizations.

Donor Name: _____

Donor Signature: _____

Date: _____

****PLEASE COMPLETE THE FOLLOWING <u>ONLY</u> IF YOU ARE A <u>PARENT OR CHILD</u> OF YOUR RECIPIENT****

Although some blood tests completed at this facility may indicate there is no biological relationship between the two people tested, the University of Maryland Medical Center is not an accredited paternal testing facility and is not qualified to make such a determination. This type of information would therefore not be reliable. Consequently, we will not reveal these test results to you.

By agreeing to have your testing here, and as evidenced by your signature below, you waive any claim you may have against the University of Maryland Medical Center, its agents, employees, officers, and affiliates, should you learn this information at a later date.

*** I have read and understand the information outlined above and I have had an opportunity to ask any questions I may have had.***

Donor Name: _____

Donor Signature: _____

Date: _____

Living Kidney Donor Candidate Questionnaire

University of Maryland Division of Transplantation

Instructions: Use a black pen. Answer the multiple choice questions by filling in the box (☐) before your answer like this: ☒ If you are not sure of an answer, leave it blank and we will help you with it during your evaluation.

Today's date:_____

First name:_____ **Middle initial:**____ **Last name:**_____

Maiden name: _____

Social security number:_____-_____-_____ **Date of birth** (month / day / year): _____ / _____ / _____

Sex: ☐Male ☐Female **Age:**_____

Race: ☐Caucasian ☐African-American ☐Hispanic ☐Asian-Pacific ☐Other: _____

Citizenship: ☐US citizen ☐Permanent resident / Green card ☐Other: _____

Your HOME address: (Street) _____

(City)_____ (State)_____ (Zip)_____

(Phone #) (_____) _____ Cell phone#: _____

Email address: _____

Your WORK address: (Work name)_____

(Street) _____

(City)_____ (State)_____ (Zip)_____

(Phone #) (_____) _____ (FAX #) (_____) _____

FAMILY doctor: (Name)_____

(Street) _____

(City)_____ (State)_____ (Zip)_____

(Phone #) (_____) _____ (FAX #) (_____) _____

I am interested in donating my kidney to:

Recipient:

First name:_____ **Middle initial:**____ **Last name:**_____

Social security number:_____-_____-_____ **Date of birth** (month / day / year): _____ / _____ / _____

I am the recipient's: ☐Father ☐Mother ☐Sister ☐Brother ☐Son ☐Daughter:

☐Biological ☐ Adoptive

☐Other relative: _____ ☐Close friend ☐Co-worker ☐ Other _____

☐ I do not know the recipient very well

☐ I have never met the recipient

☐ I met the recipient on a website: _____

Donor name: _____

SECTION 1 – HEART AND VASCULAR DISEASE

Have you ever been treated for high blood pressure? ☐No ☐Yes **If so, how many years?** ☐

If yes, how is your blood pressure now? ☐Good control ☐Fair control ☐Poor control

How many heart attacks have you had? ☐

Have you had a heart attack within the past 6 months? ☐No ☐Yes

How many heart bypass operations have you had? ☐

How many heart angioplasty or stent procedures have you had? ☐

Do you sometimes get chest pain when you exercise or are under stress? ☐No ☐Yes

Do you sometimes get chest pain at other times? ☐No ☐Yes

What happens if you walk up 2 flights of stairs? ☐No problem ☐Shortness of breath ☐Chest pain ☐Can't

Have you had a stress test within the last year? ☐No ☐Yes Where? _____

If yes, what did it show? ☐No problem ☐Abnormal ☐Don't know

How many strokes have you had? ☐

How many bypass operations have you had on your legs to improve blood flow? ☐

SECTION 2 – DIABETES

Have you ever been treated for diabetes of high blood sugars? ☐Yes ☐No

If yes, how many years ago were you first treated? ☐

What treatments have you ever used to treat diabetes or high blood sugars? ☐Diet ☐Pills ☐Insulin

Donor name: _____

SECTION 3 – YOUR OTHER MEDICAL PROBLEMS

Have you ever been treated for any of the following conditions?

				Date First Diagnosed Month	Year
Congenital heart disease	☐Never	☐Treated in the past	☐Still being treated		
Irregular heart beat	☐Never	☐Treated in the past	☐Still being treated		
Stroke/Emboli	☐Never	☐Treated in the past	☐Still being treated		
Poor circulation	☐Never	☐Treated in the past	☐Still being treated		
High cholesterol	☐Never	☐Treated in the past	☐Still being treated		
Other cardiovascular	☐Never	☐Treated in the past	☐Still being treated		
HIV/AIDS	☐Never	☐Treated in the past	☐Still being treated		
Hepatitis B	☐Never	☐Treated in the past	☐Still being treated		
Hepatitis C	☐Never	☐Treated in the past	☐Still being treated		
Tuberculosis	☐Never	☐Treated in the past	☐Still being treated		
Other infections	☐Never	☐Treated in the past	☐Still being treated		
Diabetes	☐Never	☐Treated in the past	☐Still being treated		
GERD	☐Never	☐Treated in the past	☐Still being treated		
Stomach ulcers	☐Never	☐Treated in the past	☐Still being treated		
Gallbladders disease	☐Never	☐Treated in the past	☐Still being treated		
Diverticulitis	☐Never	☐Treated in the past	☐Still being treated		
Pancreatitis	☐Never	☐Treated in the past	☐Still being treated		
Colon CA	☐Never	☐Treated in the past	☐Still being treated		
Other gastrointestinal	☐Never	☐Treated in the past	☐Still being treated		
Asthma	☐Never	☐Treated in the past	☐Still being treated		
Pneumonia-hospitalized	☐Never	☐Treated in the past	☐Still being treated		
COPD/Emphysema	☐Never	☐Treated in the past	☐Still being treated		
Lung cancer	☐Never	☐Treated in the past	☐Still being treated		
Other respiratory	☐Never	☐Treated in the past	☐Still being treated		
Kidney disease	☐Never	☐Treated in the past	☐Still being treated		
Bladder tumor	☐Never	☐Treated in the past	☐Still being treated		

Donor name: _____

Kidney stones	☐Never	☐Treated in the past	☐Still being treated							
Prostate cancer	☐Never	☐Treated in the past	☐Still being treated							
Kidney cancer	☐Never	☐Treated in the past	☐Still being treated							
Skin cancer	☐Never	☐Treated in the past	☐Still being treated							
Urinary tract infections	☐Never	☐Treated in the past	☐Still being treated							
Other genitourinary	☐Never	☐Treated in the past	☐Still being treated							
Paralysis	☐Never	☐Treated in the past	☐Still being treated							
Neuropathy	☐Never	☐Treated in the past	☐Still being treated							
Anxiety/Depression	☐Never	☐Treated in the past	☐Still being treated							
Other neuro/psych	☐Never	☐Treated in the past	☐Still being treated							
Breast disease	☐Never	☐Treated in the past	☐Still being treated							
Breast Cancer	☐Never	☐Treated in the past	☐Still being treated							
Cervical Cancer	☐Never	☐Treated in the past	☐Still being treated							
Fibroid uterus	☐Never	☐Treated in the past	☐Still being treated							
Endometriosis	☐Never	☐Treated in the past	☐Still being treated							
Polycystic ovaries	☐Never	☐Treated in the past	☐Still being treated							
Other OB/Gyn	☐Never	☐Treated in the past	☐Still being treated							
Anemia	☐Never	☐Treated in the past	☐Still being treated							
Other	☐Never	☐Treated in the past	☐Still being treated							
Pregnancies?	☐No	☐Yes	☐How many							
Any Miscarriages?	☐No	☐Yes	☐How many							
Any Abortions?	☐No	☐Yes	☐How many							
Blood Transfusions?	☐No	☐Yes	☐How many							

Donor name: _____

SECTION 4 – SURGERY YOU HAVE HAD

List the surgical operations you have had in the past

Operation	Date of Operation Month	Year

SECTION 5 – YOUR CURRENT MEDICATION LIST

List the medications you are taking now

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

SECTION 6 – YOUR MEDICATION OR FOOD ALLERGIES

List the medications or foods you are allergic to, and the reaction you had when you took them

Medication or food	Reaction
_____	☐Rash ☐Itching ☐Difficulty breathing ☐Other _____
_____	☐Rash ☐Itching ☐Difficulty breathing ☐Other _____
_____	☐Rash ☐Itching ☐Difficulty breathing ☐Other _____
_____	☐Rash ☐Itching ☐Difficulty breathing ☐Other _____
_____	☐Rash ☐Itching ☐Difficulty breathing ☐Other _____
_____	☐Rash ☐Itching ☐Difficulty breathing ☐Other _____

Donor name: _____

SECTION 7 – YOUR FAMILY

Which of these diseases are found among <u>any</u> of your parents, brothers, sisters, or children?

☐Diabetes ☐High blood pressure ☐Cancer ☐Kidney disease ☐Other _____

Is your mother alive? ☐No ☐Yes **If alive, how old is she?** ☐

If dead, how old was she when she died? ☐ **What caused her death?** _____

Is your father alive? ☐No ☐Yes **If alive, how old is he?** ☐

If dead, how old was he when he died? ☐ **What caused his death?** _____

How many living brothers and sisters do you have? ☐

How many living children age *18 or older* do you have? ☐

How many living children *under age 18* do you have? ☐

SECTION 8 – YOUR PSYCHO - SOCIAL INFORMATION

How often do you currently speak with or see the recipient? ☐Every day ☐Several times a week ☐Several times a month ☐Once a month ☐Less than once a month

Please tell us what motivated you to want to be considered as a living donor? _____

_____

Your present employment status: ☐Work full-time ☐Work part-time ☐Unemployed

What is your present (or past) occupation? _____

If you are currently employed, will you receive paid leave / income during your time off for the surgery and recovery periods? ☐Yes ☐No

Do you have medical / health insurance? ☐Yes ☐No

Your present marital status: ☐Married now ☐Never married ☐Divorced ☐Widowed

Your highest educational degree: ☐Didn't graduate grammar school ☐Grammar school diploma ☐High school diploma ☐College graduate ☐Graduate degree

Cigarette smoking: ☐ Never ☐Quit smoking: ☐ packs per day ☐Still smoking: ☐ packs per day

Alcohol: ☐Never ☐Drink socially ☐Past heavy drinker ☐Present heavy drinker

Please indicate how much and how often:_____ Date of last use: _____

Intravenous drug use: ☐Never ☐Quit within past year ☐Quit over a year ago ☐Still using

Please indicate how much and how often:_____ Drug(s) & Date of last use: _____

Other illegal drug use: ☐Never ☐Quit within past year ☐Quit over a year ago ☐Still using

Please indicate how much and how often:_____ Drug(s) & Date of last use: _____

Have you ever been treated for substance abuse? ☐No ☐Yes If yes, when & where? _____

Legal: Have you ever been involved in legal issues involving law enforcement (including DWI?) ☐No ☐Yes

Prison: ☐I was never in prison or sentenced to be in prison ☐I was sentenced to be in prison but have not served prison time. ☐I was in prison in the past If so, when & where? _____

Religion: ☐I do not accept blood products because of my religious beliefs

Have you ever been diagnosed with depression, anxiety, or another mental illness or emotional problem? ☐No ☐Yes If yes, what was the problem and when did it occur? _____

_____

Have you ever taken medications because of depression, anxiety, or other mental illness or emotional problem? ☐No ☐Yes If yes, what medications, and when did you last take them? _____

_____

SECTION 9 – SYSTEMS REVIEW

Which of these problems have *significantly* bothered you recently?

General	Weight loss	☐No ☐Yes
	Fever	☐No ☐Yes
	Chills	☐No ☐Yes
	Sweating	☐No ☐Yes
	Weakness	☐No ☐Yes
	Dizziness	☐No ☐Yes
Eyes	Blurry vision	☐No ☐Yes
	Blindness	☐No ☐Yes
	Pain in eyes	☐No ☐Yes
Ears, nose, throat	Recent colds	☐No ☐Yes
	Sinus infection	☐No ☐Yes
	Tooth or gum problems	☐No ☐Yes
	Sore throat	☐No ☐Yes
	Voice changes	☐No ☐Yes
Heart / Blood vessels	Chest pain	☐No ☐Yes
	Fluttering in chest	☐No ☐Yes
	Fainting spells	☐No ☐Yes
	Shortness of breath	☐No ☐Yes
	Swelling	☐No ☐Yes
	Pain in feet	☐No ☐Yes
	Sores on feet	☐No ☐Yes
Lungs	Cough	☐No ☐Yes
	Coughing up blood	☐No ☐Yes
	Pain on breathing	☐No ☐Yes
	Wheezing	☐No ☐Yes
Digestive tract	Loss of appetite	☐No ☐Yes
	Difficulty swallowing	☐No ☐Yes
	Heartburn	☐No ☐Yes
	Abdominal pain	☐No ☐Yes
	Vomiting	☐No ☐Yes
	Vomiting blood	☐No ☐Yes
	Constipation	☐No ☐Yes
	Diarrhea	☐No ☐Yes
	Yellow jaundice	☐No ☐Yes
Blood / Lymph nodes	Swollen glands	☐No ☐Yes
	Easy bruising	☐No ☐Yes
	Frequent nose bleeds	☐No ☐Yes
	Recent transfusions	☐No ☐Yes

Donor name: _____

Urinary / genital	Bloody urine	☐No ☐Yes
	Cloudy urine	☐No ☐Yes
	Difficulty urinating	☐No ☐Yes
	Change in urinary stream	☐No ☐Yes
	Unable to control urine	☐No ☐Yes
	Sores / discharge from genitals	☐No ☐Yes
	Abnormal menstrual bleeding	☐No ☐Yes
Muscles / bones	Painful muscles	☐No ☐Yes
	Painful joints	☐No ☐Yes
	Muscular cramps	☐No ☐Yes
Skin / Breast	Abnormal skin color	☐No ☐Yes
	Hair loss	☐No ☐Yes
	Breast lumps	☐No ☐Yes
	Breast tenderness	☐No ☐Yes
	Nipple discharge	☐No ☐Yes
Brain / nerves	Headaches	☐No ☐Yes
	Convulsions	☐No ☐Yes
	Tingling	☐No ☐Yes
	Paralysis	☐No ☐Yes
	Difficulties with memory	☐No ☐Yes
	Difficulties with speech	☐No ☐Yes
	Coordination problems	☐No ☐Yes
Mental	Anxiety	☐No ☐Yes
	Depression	☐No ☐Yes
	Hallucinations	☐No ☐Yes
Hormones	Drinking or eating too	☐No ☐Yes
	Urinating too much	☐No ☐Yes
	Intolerance to heat or cold	☐No ☐Yes
Allergic / Immunologic	Allergic reactions	☐No ☐Yes
	Skin rashes	☐No ☐Yes
	Itching	☐No ☐Yes

When was your last physical exam? _____

Mammogram	Date:	Comment
PAP smear	Date:	Comment
Colonoscopy	Date:	Comment
PSA blood test (males only)	Date:	Comment

What is your WEIGHT? _____

What is your HEIGHT? _____

Donor name: _____